

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

e/BF

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED BY  
SEP - 4 1985  
O. C. D.  
ARTESIA, OFFICE

1.  OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Exxon Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 1600, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1497' FSL & 551' FEL of Section (NE SE)

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4480' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM - 25336

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Leggett Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Undesig. Little Box Canyon

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T20S, R21E

12. COUNTY OR PARISH 13. STATE  
Eddy NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change potential formation</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Attempt at a Morrow completion was unsuccessful. Set CIBP at 7830' & cemented w/ 35' cmt. Attempted to complete in Strawn formation-unsuccessful. Set CIBP at 7362' w/ 35' cmt. Attempted to complete in Lower Canyon-Unsuccessful. Set CIBP at 6596' w/ 35' cmt. Will attempt to complete in the Wolfcamp formation.

18. I hereby certify that the foregoing is true and correct

SIGNED Melba Fripling TITLE Unit Head DATE September 3, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side